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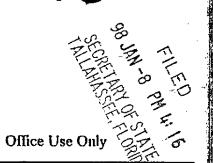
INDUSTRIES, INC. Requestor's Name

890 S.W. 87 AVENUE, SUITE: 16

Address

FLORIDA 33174 (305)552-5973 City/State/Zip

LOCAL REPRESENTATIVE TALLAHASSER



SCOTIE KELK	OC BU LILL IV	D TODDOMOODD	I.	
CORPORATIO	N NAME(S)	& DOCUMENT I	NUMBER(S), (if known):
1. LIFE	REHA corporation Name	BILITATI	Document	CENTER INC.
2(0	orporation Name	:)	(Document	#)
3	orporation Name		(Document	#)
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(C	orporation Name	;)	(Document	#)
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Profit	Ame	endment		300002394543 -01/08/9801100036_
NonProfit	Resi	ignation of R.A., Officer/	Director	-01/08/980110003b ****122.50 ****122.5
Limited Liability	Cha	nge of Registered Agent		
Domestication	Diss	solution/Withdrawal		
Other	Mer	ger		_
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Annual Report		JUANUIFICAVIION	<u>i.i.</u>	NAN PR
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Name Reservation	Limi	ited Pattnership	_	PM.
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9 1998 **K.** Rolfe JAN

Other

Examiner's Initials



ARTICLES OF INCORPORATION

<u>OF</u>

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

LIFE REHABILITATION CENTER INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10570 S.W. 26 TERRACE, MIAMI, FLORIDA, 33165.-

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED SHARES (100) WITH (\$5.00) DOLLARS PER VALUE PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

SILVIA Y. BARRIOS

10570 S.W. 26 TERRACE MIAMI FL 33165.-

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SILVIA Y. BARRIOS

10570 S.W. 26 TERRACE MIAMI FL 33165

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

 The name of the corporation is:	LIFE	REH	ABILI	ration	CENTER	INC,	
The name and address of the re	gistered	i age	nt and c	office is:			·
SILVIA Y.							
	AME)		***		· · · · · · · · · · · · · · · · · · ·	AT AZ	<u>_</u>
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(CITY	/STATE	/ZIP)	······································			FF.	
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				JV.			
	SI	GNAT	TURE	corporate	officer)	1	
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•.	DA	TE_	1/5/	98/			

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE 1/5/1/998

REGISTERED AGENT FILING FEE: \$35.00